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CONFIRMATION NO. 4229

SERIAL NUMBER 10/510,085	FILING OR 371(c) DATE 04/11/2005 RULE	CLASS 433	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. 30815/26239
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APPLICANTS

Hans-Dieter Wiek, Hochdorf, GERMANY;
 Bernd Gugel, Ulm-Einsingen, GERMANY;

** CONTINUING DATA *****

This application is a 371 of PCT/EP03/01634 02/18/2003 *ok ced*

** FOREIGN APPLICATIONS *****

GERMANY 20205274.5 04/05/2002
ok ced

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 4	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Candis</i> Examiner's Signature	<i>ced</i> Initials			

ADDRESS

4743

TITLE

Medical, handpiece in particular for dentistry, with an outlet for an abrasive flowing medium and splashguard for the outlet

FILING FEE RECEIVED 1364	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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